DOCUMENT RESUME

ED 169 436 CG 013 378

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TITLE Fear of Thinness: An Alternative Approach to the Treatment of Obesity.
PUB DATE 78
NOTE 16p.; Paper presented at the Annual Convention of the American Psychological Association (86th, Toronto, Ontario, Canada, August, 1978); Best copy available

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adults; *Anxiety; Behavior Patterns; *Body Weight; *Eating Habits; Hygiene; *Individual Characteristics; *Self Concept; *Special Health Problems
IDENTIFIERS *Obesity

ABSTRACT

Conflicts that accompany weight loss as indicated by the presence of anxieties and fears in individuals who have lost an uncontestably large amount of weight were investigated. Subjects (N=12) who had lost a minimum of 100 pounds in a medically supervised weight program were interviewed about the onset of obesity, concurrent personal conflicts, diet history, feelings concerning weight loss and subsequent changes in their lives. These subjects: (1) showed a strong tendency to have been overweight in childhood and were usually chronically obese by adolescence; (2) became obese often in conjunction with problems in sexual adjustment; (3) expressed ambivalent feelings about their weight loss; and (4) reported feelings of excitement and rebirth while, at the same time, expressed anxiety about the new possibilities that being thin represented. Results clearly indicate that the process of weight loss per se gives rise to a series of emerging problems that result in anxiety. The therapist or psychologist working with such patients must address these problems and help the patient identify and deal with the emerging anxiety to maximize the probability of maintaining the weight loss. (Author)

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ED169436

Fear of Thinness: An Alternative Approach to the Treatment of Obesity

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Presented at the APA annual convention, Toronto, Canada 1978

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CG013378

Abstract

Obesity, a serious health hazard of epidemic proportions, has attracted the attention of physicians, psychologists and other professionals.Yet, despite the variety of approaches used, it remains, for most sufferers, a chronic condition resistant to treatment and subject to relapse. The present study explores the conflicts that accompany weight loss as indicated by the presence of anxieties and fears in individuals who have lost an uncontestably large amount of weight.

Twelve subjects who had lost a minimum of one hundred pounds in a medically supervised weight program were interviewed. Questions were asked about the onset of obesity, concurrent personal conflicts, diet history, feelings concerning weight loss and subsequent changes in their lives.

Results indicated that these subjects showed a strong tendency to have been overweight in childhood and were usually chronically obese by adolescence; the obesity often occurring in conjunction with problems in sexual adjustment. More surprising, however, was that subjects expressed ambivalent feelings about their weight loss. While they reported feelings of excitement and rebirth, they also expressed anxiety about the new possibilities that being thin represented. Subjects found that they now had to face new decisions and roles with respect to sexual behavior, marriage, friendship and self acceptance. Each of these areas presented choices which were not options while the patient was obese. These results clearly indicate that the process of weight loss per se gives rise to a series of emerging problems that result in anxiety. Clearly the therapist or psychologist working with such patients must address these problems and help the patient identify and deal with the emerging anxiety to maximize the probability of maintaining the weight loss.

Fear of Thinness: An Alternative Approach To The Treatment of Obesity

"There are perhaps 80 million overweight individuals in the United States alone. . ." (Foreyt, 1976, ix). This estimate indicates that obesity has reached epidemic proportions within the United States. The problem is further exacerbated by the physical ailments correlated with obesity. As Henkin (1977) notes, "Associated with obesity is an increased incidence of hypertension, coronary artery disease, other forms of cardiovascular diseases, diabetes mellitus, and, perhaps, even some forms of cancer. Obesity is a serious health hazard in our country. . ." (322). Obesity, and the physical complications related to obesity, as well as the resultant effect of obesity on the individual's personality, have led to the active participation of psychology in the furthering of the understanding of the problem. The deep psychological pain of the obese has been amply documented by clinical research (Stunkard, 1976) as well as personal anecdote (Greene and Jones, 1974). As noted by Bruch (1973), obesity is a public transgression which creates a state where the individual is subject to the comments and reactions of strangers as well as friends. The desire to lose the obese stigma is strong, and individuals try different methods from organized lay groups to psychotherapy to the surgical jejunoileal bypass. Yet in spite of the variety of methods attempted, the final summary of the results of the multitude of procedures is that "Obesity is a chronic condition, resistant to treatment and prone to relapse." (Stunkard, 1976, 138).

A major problem in studying obesity is that subjects who suffer from different degrees of overweight and obesity are lumped together indiscriminately with an apriori but unproven assumption of homogeneity of personality and of etiology of the obesity. For example, Hall's (1973) study (Table 1) of a two year followup on "obese patients" comprises individuals who vary anywhere from 9% to 51% above

their ideal weight. In line with "psychology as we know it", the liklihood of

Table 1 About Here

their being strong personality differences between subject #2 who is 77 pounds overweight and therefore obese, and subject #5 who is 14 pounds overweight, is strong. Whether or not these differences overshadowed the conclusions of this study or similar studies remains to be seen.

Beyond the methodological problems, the amount of effort in terms of money, time and energy spent on losing weight and the particularly painful and radical methods attempted (surgery, starvation) indicate that the problem is more than that of breaking a "bad habit". Are weight loss and slimness a totally positive state desired by all individuals who embark on a diet regimen? What has not been sufficiently considered, is whether or not the process of losing weight is, in fact always desirable. Rather than focusing on weight and number of pounds lost, psychology may make a greater contribution by systematically exploring the conflicts that accompany weight loss. The purpose of this study was to explore the psychological conflicts, anxieties, and fears experienced by individuals who had lost an uncontestably large amount of weight.

Method

Subjects: Subjects were 12 individuals who had lost a minimum of 100 pounds. All subjects had been or were still involved in a medically controlled weight loss program.[3] It was felt that the arbitrary minimum weight loss of 100 pounds would not only guarantee that all subjects had been obese at the onset of the diet, but that the losses were dramatic enough to cause significant changes in their lives, the focal point of this study.

Materials: Each subject participated in a questionnaire and interview designed by the experimenter. The questionnaire was designed to assess the age of onset of obesity, concurrent personal conflicts, and general diet history. The 45 minute tape recorded interview focused on the S's feelings regarding weight loss and the changes that have occurred in their lives.

Procedure: Subjects were selected with the criteria of 100 pound weight loss from their charts at the medical center. Subjects were contacted by telephone and asked to partake in this study. All Ss willingly agreed and were scheduled for individual one hour sessions.

Results

All subjects who participated in the study had lost a minimum of 100 pounds at the time the investigation took place. The initial degree of obesity, based upon standard height/weight charts (Metropolitan Life Association, 1959) ranged from 71% to 143% obese (see Table 2). It should be noted that the status of the

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Insert Table 2 About Here

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patients was variable with some individuals beginning to regain some of the lost weight, some patients continuing to lose weight, and other patients maintaining their new weight. At present, there appears to be little relationship between the status of the patient and any of the variables measured.

Results of the questionnaire indicated that there was a strong tendency for these obese patients to have been overweight in childhood, with the majority of subjects reaching a state of chronic obesity by adolescence (Table 3). Most

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Insert Table 3 About Here

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commonly cited by Ss (50%) as concurrent with the onset of obesity were problems involving opposite sex relationships. For example one subject stated

I was slim until 8 years ago. (Then) there were emotional problems. I was going with somebody. I was engaged. And two weeks before the wedding he had a fling with my cousin and got her pregnant and married her. That was a traumatic experience. I gained weight and then lost it (about 100 pounds). And then I got married (to someone else) and that was very traumatic experience. That lasted 3 weeks. On my honeymoon he said he had no desire for me. It turned out he was gay. I went beserk and started to put the weight back on.

A minority of patients (20%) viewed their obesity as strictly a function of poor eating habits

Not having seconds was an impossibility in my family. We used to have always seconds and thirds. Seconds was a part of the meal. Thirds was something extra. . . I can't remember leftovers in my family.

Most interesting of all, however, was the findings from the interview which indicated that subjects' feelings about their weight loss were decidedly ambivalent. On the positive side, subjects often felt like a new human being had been born, a feeling of rebirth. Of equal importance however, and somewhat of a surprise, was the expressed anxiety among these subjects over their new appearance. This anxiety can mainly be summarized in terms of two feelings: feelings of loss of control and feelings of confusion. Subjects felt that when they were heavy, they knew exactly what choices they could make and the few options that were open to them were clear. As they became thin, many new possibilities appeared, from physical activities to new interpersonal relationships. Subjects felt torn between the different choices that were suddenly available and they often found themselves wrestling with decisions that never needed to be considered before. The areas of sex and marriage were subject to feelings of loss of control while the domains of friendship and self knowledge were subject to intense feelings of confusion.

Sex: Conflict with sexual values appeared in many of the newly thin subjects. For example, one subject who had reached her goal weight months before, faithfully remained in an ongoing support group. The patient was highly aware of her anxiety over her new figure. She expressed the specific fear that her sexuality will become as unrestrained as her eating behavior had once been; and her present method of dealing with the conflict was by curtailing all sexual encounters.

> After I started the diet I got pregnant again. . . This one (an abortion) was easier. Really stupid--that's how I feel about it. I have this diaphragm but I don't like it. It serves me right. That's how I feel about it. But now I'm more cautious...I still haven't hit upon a good method of birth control. But with this diet, I have no sex drive. I couldn't care less. It's not that I'm turned off, it's that I'm NOT turned on . . . I've been getting a lot of advances from men which is a whole new thing and I'm just kind of glad I don't have a sex drive. Now I'm just testing, just reviewing the situation but not allowing anybody to pick me up . . . I'm afraid of what I might do.

Men, too, share this sexual anxiety. As a male subject observed, "Certainly I have more relationships with women than I had when I was heavy. And that creates a lot of anxiety. I had a certain comfort and security in the old world... When I was fat it was not so much anxiety, it was unhappiness, it was frustration, but it wasn't the kind of anxiety that I feel now."

Marriage: All four subjects who were married indicated that the weight loss had put strain on the marital relationship. Sexuality and assertiveness were the major themes of the marital disharmony. For example, a male subject indicated the following

> But I'm afraid of it (being thin) also... What is possibly going to happen is a series of affairs which will make me very unhappy...If I start having

affairs it won't be just an occasional affair, it will be very heavy action I suspect--probably intensely with a few women. There will be this going overboard. It costs me--emotionally, economically... Being fat I avoided a lot of these conflicts.

Another married subject indicated marital turmoil, though for different reasons:

The marriage is terribly pressured. I'm saying "no" to a lot of things now. We just bought a house in the country. The day of the closing my husband's boss suggested he move to Los Angelos. I won't move to Los Angelos: my life is here. I don't want to be a corporate wife in Los Angelos. So my husband is living in Los Angelos during the week and coming home on weekends.. I just didn't pack the bags and follow. I don't know why. I'm not entirely sure I've even done the right thing. I can't be a victim any more of stuff you're supposed to do to make others happy so I think the reasons I didn't take hold of myself earlier was that I was busy being a victim and didn't have the assertiveness to say "no".

Friendship: A third dimension where there is a great deal of confusion is friendships. All subjects indicated that they were somewhat disturbed by the reaction of others to them. One subject noted that "I get resentment from people that sometimes surprises me, and I boil it down to jealousy."

Another subject noticed that

People are thoroughly upset. After the first 50 pounds they told me that I lost enough weight. I found some people who as long as I was a certain size saying "Oh you look good". But now (that I'm thinner), they're concerned about my health. You realize these people are really upset that you're thinner than they are.

Most subjects noticed that friends responded in a manner that resulted either in an intensification or disbandment of the relationship. One subject noted that most

of his friends were "a little started by the weight loss, you could say freaked out because it was so radical... Some were positive, some overjoyed, some mystified, some put off and some of them are out of my life."

Comfortability with self: When it comes to ease with oneself and self knowledge, the subjects were definitely having a difficult and frightening time. Many of them indicated that they did not feel thin; they were strangers to themselves. The following excerpts reflected this trend of thought. "When will I feel thin? I can look in the mirror and see things like my thighs don't touch, but somehow inside I still feel fat." "It's not me. It's somebody else... I'm still not comfortable... I have no picture, no perspective". I haven't come to terms with it. I still feel like a fat person. I still find myself behaving like a fat person... Psychologically, I guess I'm still a fat person and probably will be for a long time..."

Discussion

This study has explored the feelings and conflicts of a unique group of individuals who have lost 100 pounds or more. Of great interest is that the results firmly suggest that the difficulty in helping obese individuals lose and maintain weight may be a function of the ambivalent psychological state that begins to appear as the weight loss becomes obvious. This finding is critical in view of the lack of research on this particular aspect of obesity. One notes that past obesity research tends to focus on two areas: the psychology of being obese, and the psychological factors that may lead to obesity (see for example Bruch, 1973; Stunkard, 1976). Little research has been done on the psychological factors involved in weight loss per se, although the existence of this potential problem area has been duly noted by Bruch. She states that psychological factors involved in obesity must differentiate between the development of obesity, the problems created by the obese stated, and the conflicts precipitated by reducing (emphasis

added). It is this last stage, "conflicts precipitated by reducing" which has been the focus of the study. Conclusions of this study lead to the finding that weight loss, in the seriously obese individual, precipitates a state of anxiety that results in feelings of confusion and loss of control. The major areas of conflict and confusion, sex, marriage, friendship and self comfortability are all aspects of social relationships. Two possible viewpoints present themselves immediately to explain the anxiety state observed among these patients. First, one might account for the increased anxiety in terms of the establishment of new roles and new relationships. Ss must rework relationships that had remained stable or expose themselves to new relationships they are not used to dealing with. The second viewpoint is that the observed anxiety is not new, but, in fact, a long term state that has lay dormant under the weight of the individual and may indeed have played an important etiological role in the development of the obese state.

Clearly, the implications for the therapist working in the area of obesity are numerous. First and foremost is the fact that the patients themselves will view the excess weight as the problem and believe that the primary goal is weight reduction. As the weight is lost, however, the patient will be experiencing both joy at the weight loss, and increased anxiety resulting from the weight loss. The therapist, therefore, must be cognizant of the liklihood of an ambivalent psychological state arising, which, in fact, may precipitate a regaining of the lost weight.

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FOOTNOTES

[1]Defined as 10% over the ideal standard and not necessarily implying the presence of excess adipose tissue.

[2]Defined as 20% over the ideal weight and implying the presence of excess adipose tissue.

[3]Subjects were obtained through the cooperation of Dr. Howard Shapiro, first with the Robert Linn Medical Association and later in his own facility in New York.

Table 1

Measures of overweight and obesity for Hall's (1973) Data

Subject	Pretreatment Weight	Ideal Weight	% Overweight
1	207	165	25
2	227.75	150	51
3	155.50	140	25
4	190.50	140	35
5	168	154	9
6	143	131	9
7	130	115	10
8	197.75	160	23
9	200	160	24
10	141.25	125	12

Table 2

Sex, Pretreatment Weight, Height, Ideal Weight and Per Cent of Obesity for Individual Subjects

Subject	Sex	Pretreatment Wt.	Height	Ideal wt.*	% obese
1	F	243½	5'5½	125	94%
2	F	233	5'7	131	77%
3	M	382	6'6	214	78%
4	F	247	5'1½	105	132%
5	F	234	5'7	131	78%
6	F	251	5'7	131	99%
7	F	239	5'2	113	111%
8	M	317	5'9	149	112%
9	M	299½	5'9	161	116%
10	F	275	5'2	113	143%
11	M	398	6'0	174	71%
12	F	251	5'5	133	88%

* The middle weight from the range of weights appropriate to the Ss frame and height were used.

Table 3

Onset of Obesity As a Function of Age

Description of Weight	Age (in years) 0-5	6-12	13-19	20-30	31-40
Below Average	20*	10	0	0	0
Average	30	10	20	60	0
Slightly Overweight	50	60	30	0	0
Seriously overweight (obese)	0	20	50	40	100

* Numbers are percentages of the total population